300-9570

| A97 - 132  | PUBLIC HEALTH AND SOCIAL SERVICES  |        |
|--|--|--------|
| DIVISION   | OF ENVIRONMENTAL HEALTH  |        |
| 437 . 753  | IILD CARE FACILITY   |        |
|  | SPECTION REPORT  |        |
| REASON GRADE Inspection Date:  | PNG CHUD CAPE & LEAPHING CENTUR  |        |
| Follow-Up Time In/Out:   | OWNER/OPERATOR:  |        |
| Complaint  | THE THE STOPA CADAC  |        |
| Investigation RATING 11:25Am 12:15 PM  | LOCATION: Establishment Type:  | 1 2    |
| Other: A Sanitary Permit No.:  |  | 0      |
|  |  | xpired |
| No. of Children: 13 Male 10 Female 23 Total  | Child Care License: No.: 10152 N/Valid / / Provisional / / Exp   |        |
| inspection or sooner as the Department indicates. No                                   | day in the operations and facilities which must be corrected by the ne<br>on-compliance may result in downgrading or permit suspension. To | ext    |
| a written request for hearing mu   | ust be submitted before the indicated correction date.   |        |
|  | MARKS DEMERIT CORRE  | CTBY   |
| A REGULAR INSPECTION WAS CO  | DNOUCTED FOODY. PREVIOUS   |        |
|  | 018 RESULTED IN A GRADE/RATING   |        |
| OF O/A. THE FOLLOWING  |  |        |
| OF Office Factoring  | DEE OBSERVED.  |        |
|  |  |        |
| NO VIDLATIONS WERE DESE  | SKAED.   |        |
|  | HI = IF  | 100    |
| POSTED PLACARD "A" N   | 10. 02651 ON BULLETIN  |        |
| BOARD NEAR ENTRANCE DO   |  |        |
| DISCUSSED THIS REPORT WIT  | TH RINA PERANO, DIRECTOR.  |        |
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|  | tion(s) and I am aware of the corrective measures to be taken.   |        |
| *Note: When any of the following items are cited above, they shall be corrected within | Received By (Name & Title): RINA PELANS (Received By (Name & Title):   | 08     |
| 10 days of this inspection:  | DEL Ingractor (Nama & Ritid):  |        |

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).